

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	GSS-102
	First Named Inventor	Solovay, Kenneth S., et al
	COMPLETE IF KNOWN	
	Application Number	T.B.A.
	Filing Date	Filed herewith
	Art Unit	T.B.A.
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		T.B.A.

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LIGHT COUPLING ASSEMBLY**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.


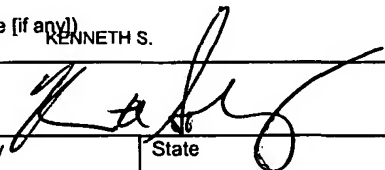
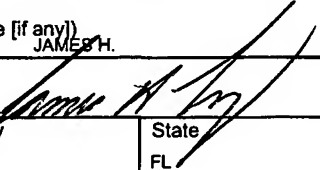
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

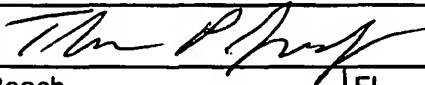
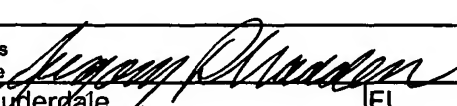
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: 		OR <input type="checkbox"/> Correspondence address below	
Name <span style="float: right; font-size: 1.2em;">35996</span>			
PATENT TRADEMARK OFFICE			
Address			
City		State	ZIP
Country	Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) KENNETH S.		Family Name or Surname SOLOVAY	
Inventor's Signature 		Date 8/21/03	
Residence: City Weston	State FL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 16732 Diamond Drive			
City Weston	State FL	ZIP 33331	Country U.S.A.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JAMES H.		Family Name or Surname LAYER	
Inventor's Signature 		Date 8/21/03	
Residence: City Cooper City	State FL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 10427 S.W. 49th Place			
City Cooper City	State FL	ZIP 33328	Country U.S.A.
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Thomas P.		Family Name Jacobs	
Inventor's Signature 		Date 8/20/03	
Residence: City Delray Beach	State FL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 4300 North Ocean Blvd., #6			
Mailing Address			
City Delray Beach	State FL	ZIP 33483	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Gregory		Family Name Madden	
Inventor's Signature 		Date 8-21-03	
Residence: City Fort Lauderdale	State FL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2619 Sea Island Drive			
Mailing Address			
City Fort Lauderdale	State FL	ZIP 33301	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	T.B.A.
Filing Date	Filed herewith
First Named Inventor	Solovay, Kenneth S., et al.
Title	LIGHT COUPLING ASSEMBLY
Art Unit	T.B.A.
Examiner Name	T.B.A.
Attorney Docket Number	GSS-102

I hereby appoint:

☒ Practitioners at Customer Number:

~~OR~~ AND


35996

PATENT TRADEMARK OFFICE

☒ Practitioner(s) named below:

Name	Registration Number
Brian E. Hanlon	40,449

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

35996

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name GMP SURGICAL SOLUTIONS, INC.

Signature By:  Jeffrey L. Raney, Secretary

Date August 15, 2003 Telephone (954) 745-3510

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: GMP SURGICAL SOLUTIONS, INC.Application No./Patent No.: T.B.A. Filed/Issue Date: T.B.A.Entitled: LIGHT COUPLING ASSEMBLYGMP SURGICAL SOLUTIONS, INC., a Delaware corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel: \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

August 15, 2003Date  
(954) 745-3510Telephone numberJEFFREY L. RANEYTyped or printed nameSignatureSECRETARYTitle

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## ASSIGNMENT

WHEREAS, We, **KENNETH S. SOLOVAY**, of 16732 Diamond Drive, Weston, FL 33331, **JAMES H. LAYER**, of 10427 S.W. 49<sup>th</sup> Place, Cooper City, FL 33328, **THOMAS P. JACOBS**, of 4300 North Ocean Boulevard, #6, Delray Beach, FL 33483, and **GREGORY MADDEN**, of 2619 Sea Island Drive, Fort Lauderdale, FL 33301, for one dollar (\$1.00) and other good and valuable consideration received from **GMP|SURGICAL SOLUTIONS, INC.**, a Delaware corporation, having its principal place of business at One East Broward Boulevard, Suite 1701, Fort Lauderdale, FL 33301, the receipt and sufficiency of which is hereby acknowledged, do hereby sell, assign and transfer unto said

### **GMP|SURGICAL SOLUTIONS, INC.**

its successors and assigns, the entire right, title and interest for the United States of America and all foreign countries including all rights of priority under the International Convention for the Protection of Industrial Property in a certain invention or improvement entitled:

### **LIGHT COUPLING ASSEMBLY**

the invention or improvement being described in United States Patent Application Serial Number: \_\_\_\_\_ filed on \_\_\_\_\_ in the United States Patent and Trademark Office, and in all Letters Patent of the United States and all foreign countries which may or shall be granted on said invention(s), or any part thereof, or on said application(s), or any divisional, continuation, reissue or other application(s) based in whole or in part thereon. And we agree, for ourselves and our executors and administrators, with said corporation and its successors and assigns, but at its or their expense and charges, hereafter to execute all applications, amended specifications, declaration, deed or other instrument, and to do all acts necessary or proper to secure the grant of Letters Patent in the United States and in all other countries to said corporation, with specifications and claims in such form as shall be approved by the counsel of said corporation and to vest and confirm in said corporation, its successors and assigns, the legal title to all such patents.

And we do hereby authorize and request the Commissioner of Patents and Trademarks of the United States to issue such Letters Patent as shall be granted upon said application or applications based thereon to said corporation, its successors and assigns.

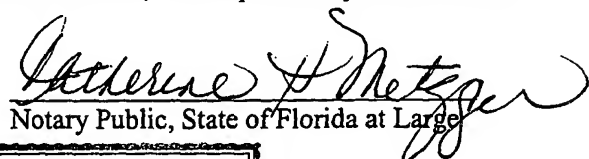
The undersigned hereby authorize and request the attorneys of record in said patent application to insert in this assignment the filing date and serial number of said application when officially known.

WITNESS my hand this 21 day of August, 2003.

  
KENNETH S. SOLOVAY

State of Florida     )  
County of Broward )SS:

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of August, 2003, by **KENNETH S. SOLOVAY**, who is personally known to me.

  
Notary Public, State of Florida at Large

My Commission Expires:

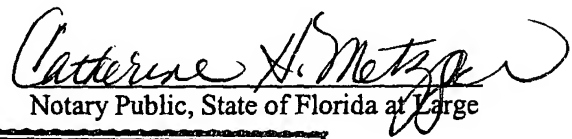


WITNESS my hand this 21<sup>st</sup> day of August, 2003.

  
JAMES H. LAYER

State of Florida     )  
County of Broward )SS:

The foregoing instrument was acknowledged before me this 21 day of August, 2003, by **JAMES H. LAYER**, who is personally known to me.

  
Notary Public, State of Florida at Large

My Commission Expires:



WITNESS my hand this 20 day of August, 2003.

  
THOMAS P. JACOBS

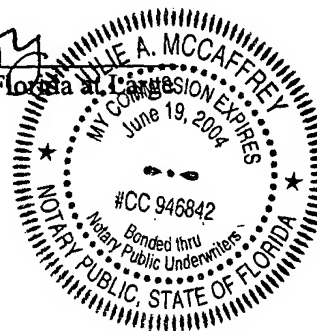
State of Florida )  
County of Broward ) SS: 589-22-1329

The foregoing instrument was acknowledged before me this 20th day of August, 2003, by **THOMAS P. JACOBS**, (check one) ☒ who is personally known to me [or] ☐ who produced the following identification: \_\_\_\_\_.

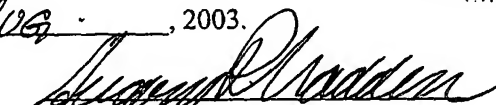
  
Notary Public, State of Florida at Large

My Commission Expires:

June 19, 04




WITNESS my hand this 21 day of Aug, 2003.

  
GREGORY MADDEN

State of Florida )  
County of Broward ) SS:

The foregoing instrument was acknowledged before me this 21st day of August, 2003, by **GREGORY MADDEN**, who is personally known to me.

  
Notary Public, State of Florida at Large

My Commission Expires:

